

Filing at a Glance

Company: Nationwide Agribusiness Insurance Company

Product Name: Agricultural Output

SERFF Tr Num: FARL-125235970 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability &
Non-Liability

SERFF Status: Closed

State Tr Num: AR-PC-07-025491

Sub-TOI: 05.0006 Commercial Farm and
Ranch

Co Tr Num: A-2007JACY-752J82

State Status:

Filing Type: Form

Co Status: Submitted

Reviewer(s): Betty Montesi,
Llyweyia Rawlins, Brittany Yielding

Author: Terry Hopkins

Disposition Date: 07-26-2007

Date Submitted: 07-18-2007

Disposition Status: Approved

Effective Date Requested (New): On Approval

Effective Date (New): 07-26-2007

Effective Date Requested (Renewal): On Approval

Effective Date (Renewal): 07-26-
2007

General Information

Project Name: Dec

Status of Filing in Domicile: Not Filed

Project Number: A-2007JACY-752J82

Domicile Status Comments:

Reference Organization:

Reference Number:

Reference Title:

Advisory Org. Circular:

Filing Status Changed: 07-26-2007

State Status Changed: 07-18-2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

AGOP006 0707 AGOP SCHEDULE OF LIMITS AND CONDITIONS OPTIONAL ENDORSEMENTS

Replaces 0106 edition; Revised Earthquake Coverage section to reflect correct form numbers.

There are no rates associated with this form filing.

Company and Contact

Filing Contact Information

Terry Hopkins, Filings Analyst

thopkins@nationwide.com

1100 Locust Street

(515) 508-3568 [Phone]

Des Moines, IA 50391-3030

(515) 508-3694[FAX]

Filing Company Information

Nationwide Agribusiness Insurance Company	CoCode: 28223	State of Domicile: Iowa
1100 Locust Street	Group Code: 140	Company Type: Stock
Dept 3030		
Des Moines, IA 50391-3030	Group Name:	State ID Number:
(515) 508-3618 ext. [Phone]	FEIN Number: 42-1015537	

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per company
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Nationwide Agribusiness Insurance Company	\$50.00	07-18-2007	14652448

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	07-26-2007	07-26-2007

Disposition

Disposition Date: 07-26-2007

Effective Date (New): 07-26-2007

Effective Date (Renewal): 07-26-2007

Status: Approved

Comment:

Rate data does NOT apply to filing.

Created by SERFF on 07-26-2007 08:54 AM

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Schedule of Limits and Conditions -- Optional Endorsements	Approved	Yes

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Schedule of Limits and Conditions -- Optional Endorsements	AGOP006	0707	Declaration Replaced s/Schedule	AGOP006 0106	0.00	AGOP006 0707.pdf

Policy Number:

PROPERTY COVERAGE DECLARATIONS
SCHEDULE OF LIMITS AND CONDITIONS – OPTIONAL ENDORSEMENTS

<u>Coverage</u>	<u>Limit</u>	<u>Conditions</u>
AG 0132 Functional Replacement Cost		
Location/Item: _____		
Amount _____	\$ _____	
Demolition and Removal _____	\$ _____	
Location/Item: _____		
Amount _____	\$ _____	
Demolition and Removal _____	\$ _____	
Location/Item: _____		
Amount _____	\$ _____	
Demolition and Removal _____	\$ _____	
 AG 0152 Poultry Coverage		
Each Building _____	\$ _____	Coinsurance: _____ %
Each Location _____	\$ _____	Deductible: \$ _____
Supplies _____	\$ _____	
Eggs _____	\$ _____	Reporting Coverage: Yes ____ No ____
Eggs and Packing Materials _____	\$ _____	Reports Due: _____
Transit-to-Market Damage _____	\$ _____	Reporting Period from: _____
Housing Damage _____		_____ to _____
Consequential Loss _____	\$ _____	
Off-Premise Power Interruption _____	\$ _____	
 Valuation		
Maximum Amount or "ACV" _____	\$ _____	
 Perils: Basic ____		
Broad ____ (Includes all optional)		
Optional:		
Vandalism _____	_____	
Earthquake or Volcanic Eruption _____	_____	
Flood _____	_____	
Limited Collapse _____	_____	

AGOP029 Earthquake Coverage
Refer to Earthquake Schedule – AGOP030

Rate Information

Rate data does NOT apply to filing.

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	07-26-2007
Comments:			
Attachment:			
PC Transmittal.pdf			

Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Nationwide	140

4. Company Name(s)	Domicile	NAIC #	FEIN #
Nationwide Agribusiness Insurance Company	IA	28223	42-1015537
Farmland Mutual Insurance Company	IA	13838	42-0618271

5. Company Tracking Number	A-2007JACY-752J82
-----------------------------------	--------------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Terry Hopkins	State Filing Analyst	(515) 508-3568	(515) 508-3694	thopkins@farmlandins.com
1100 Locust St Dept 3030 Des Moines IA 50391-3030				
7. Signature of authorized filer				
8. Please print name of authorized filer		Terry Hopkins		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	5.0
10. Sub-Type of Insurance (Sub-TOI)	Commercial Agricultural Output
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other
14. Effective Date(s) Requested	New: Upon Approval Renewal: Upon Approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	07/18/07
19. Status of filing in domicile	X Not Filed <input type="checkbox"/> Pending Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	A-2007JACY-752J82
------------	--	-------------------

21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]
------------	---

With this form filing we are submitting an Independent Form for approval for use with the AAIS AGRICULTURAL OUTPUT PROGRAM as follows:

AGOP006 0707 – AGOP SCHEDULE OF LIMITS AND CONDITIONS – OPTIONAL ENDORSEMENTS

Replaces 0106 edition; Revised 'Earthquake Coverage' section to reflect correct form numbers.

There are no rates associated with this form filing.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
------------	---

Check #: Sent by EFT

Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**